USEPA 290 BROADWAY NY, NY

NOTIFICATION OF DEMOLITION AND RENOVATION PAL JOB # 16-1180

Operator Project #	Postmark	Date Rec	eceived		Notification #				
TYPE OF NOTIFICATION (O-Original, R-Received, C-Cancelled): R – New Start Date									
FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator):									
OWNER NAME: ESRT, LLC									
Address: 60 East 42 nd Street									
City: New York		State: NY Zip: 10017							
Contact Name: Gary D'Alessio		Telephone: 212-697-0696				6			
REMOVAL CONTRACTOR: PAL Environmental Safety Corp. d/b/a PAL Environmental Services									
Address: 11-02 Queens Plaza South									
City: Long Island City				State: NY Zip: 11101					
Contact Name: Aric Domozick Telephone: 718-349-0900									
OTHER CONTRACTOR:									
Address:									
City:				State:			Zip:		
Contact Name: Telephone:									
TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emergency Renovation: R									
IS ASBESTOS PRESENT? (YES NO) YES									
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)									
Building Name:									
Address: 60 East 42 nd Street									
City: New York	l'es.	State: NY	,	Zip: 10017					
Site Location: 21 st Floor Suite 2130									
Building Size: 1,150,564 SF			# of Floors: 53			Age in Years: 87			
Present Use: Commercial			Prior Use: Commercial						
Procedure, Including Analytical Method, If Appropriate, Used to Detect the Presence of Asbestos Material: PLM — Polarized Light Microscopy									
Approximate amount of asbes	tos, R. ACI	4	Non-Friable			Indicate Unit of Measurement			
ncluding to be			Asbestos	s Material	Below				
	ated ACM to be removed removed not to be removed								
2. Category I ACM not removed									
3. Category II ACM not remo	oved		CAT I CAT II		UNIT				
			CATT	CATT			JINI I		
Pipe Insulation	300				Linear Feet: X Ln M:		Ln M:		
Surface Area: Floor Tile & Mas	stic 4,300)			Square Fe	eet: X	Square Meter:		
Volume RACM off Facility Com	ponent				CuFt:		Cu M:		
Scheduled Dates Asbestos Removal (mm/dd./yy)			Start: 04/21/2016		Complete: 04/01/2017				
Scheduled Dates Demo/Renovation (mm/dd./yy)			Start:		Complete:				

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD (S) TO BE USED: DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: HEPA Vacs, Micro Traps (Negative Air Pressure) and amended water will be utilized for emissions control. WASTE TRANSPORTER #1 Name: Tri State Transfer Associates Address: 1199 Randall Avenue City: Long Island City State: NY Zip: 10474 Contact Name: Jimmy Byrne Telephone: 718-617-0771 WASTE TRANSPORTER #2 Name: ATC Address: 2 Moriches Middle Island Road City: Shirley State: NY Contact Name: Kenny Smith Telephone: 631-924-5050 WASTE TRANSPORTER #3 Name: P.A.L. Environmental Safety Corp. d/b/a PAL Environmental Services Location: 11-02 Queens Plaza South City: Long Island City City: Long Island City City: Long Island City Telephone: 718-349-0900 Disposal Facility Name: Minerva Enterprises Location: 9000 Minerva Road, SE Location: 9000 Minerva Road, SE City: Waynesburg State: OH Zip: 44688 FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (mm/dd./yy) Description of the Sudden, Unexpected Event: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED OR REDUCED TO POWDER. Any ACM, which is discovered unexpectedly, or non-friable ACM, which becomes crumbled, will be immediately wet with amended water and cleaned up with HEPA Vacs, to be put in 6 mil poly bags for proper disposal. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGUALTION (40 CFT PART 61, SUBPART M), WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS (required 1 year after promulgation) 04/19/2016 Signature of Owner/Operator Date I certify that the above information is correct 04/19/2016 Signature of Owner/Operator Date